Hardinge Medical College and Sucheta Kriplani Hospital. In these hospitals, medicines according to formulary are distributed free of cost to patients as per the existing policy. In case of non-availability of essential and life saving medicines, the same are also procured and supplied to poor patients free of cost.

Shortage of Serum for Rabies and Snake bite

1273. SHRI T.T.V. DHINAKARAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is any shortage of Serum required for the treatment of rabies and snake bite in the country;

(b) if so, the reasons therefor; and

(c) the action taken to ensure adquate supply of Serum in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) No Sir. No shortage of Anti Rabies Serum (ARV) and Tissue Culture Anti Rabies Vaccine (TCARV) required for the treatment of Rabies and Ante Snake Venom Serum (ASVS) required for the treatment of snake bites have been reported.

(c) The production capacity of the institutions manufacturing these drugs are sufficient to meet the requirement in the country.

Deaths of women due to child birth related complications

1274. SHRI V. NARAYANASAMY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that every seven minutes a woman dies of child birth related complications in the country; and

(b) if so, what steps Government are taking to save the lives of pregnant women during child birth?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Yes. Based on the official estimates of Registrar General of India (RGI), the Maternal Mortality Ratio (MMR) for India is 301 per 100,000 live births (SRS 2001-

03)Statement (*See* below). This translates into an absolute number of maternal deaths of approximately 77,000 per year or in other words one woman dying every seven minutes due to complications related to pregnancy and child birth.

The Government of India, with a view to increasing access to quality health care including services to Safe Motherhood, has launched the National Rural Health Mission (NRHM) with special emphasis on improving the health status or rural population throughout the country. The Mission will operate over a period of seven years from 2005 to 2012. Under the NRHM (2005-2012) and the RCH Programme Phase II (2005 to 2010), one of the goals is to achieve a reducion in MMR to 100 per 100,000 live births and services will be strengthened through:

Janani Suraksha Yojana (JSY), a scheme to promote institutional delivery for reducing Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR) by providing quality maternal care during pregnancy, delivery and immediate post-delivery period with appropriate referral transport system along with cash assistance to pregnant women with a special focus on Below Poverty Line (BPL) women. The scheme also covers SC/ST women delivering in the Govt. Health Institutions and accredited Private Institutions.

Appointment of an Accredited Social Health Activist (ASHA) for every village with a population up to 1000. ASHA will facilitate in accessing health care services to the community and will have specific responsibility of mobilizing pregnant women for antenatal care, institutional delivery and post-natal checks and immunization to children.

Ensuring skilled attendance at every birth both in the community and the Institutions.

Operationalising 2000 Community Health Centres as First Referral Units (FRU) for providing Emergency Obstetric and Child Health Services.

Making 50% Primary Health Centres functional for providing 24-hours delivery services, over the next five years.

Strengthening of sub-centre by providing united fund of Rs. 10,000/- for utilizing at the sub-centre to improve the service delivery. The fund shall be operated jointly by the Local Panchayat Representative and ANM.

Organizing of Village Health and Nutrition Day at Anganwadi Centre at least once in every month.

Ensuring quality of services by implementing Indian Public Health Standards (IPHS) for Primary Healthcare Facilities.

Training of Medical doctors in emergency obstetric care and anesthesia.

Statement

Maternal Mortality Rate India and Bigger States
(Source: RGI, SRS, 1998, 2003)

Major States	MMR (1998)	MMR (2003)
India	**407**	**301**
Andhra Pradesh	150	195
Assam	409	490
Bihar	452	371*
Gujarat	28	172
Haryana	103	162
Karnataka	195	228
Kerala	198	110
Madhya Pradesh	498	379*
Maharashtra	135	149
Orissa	367	358
Punjab	199	178
Rajasthan	670	445
Tamil Nadu	79	134
Uttar Pradesh	707	517*
West Bengal	266	194
Others		235

* Bihar and Jharkhand, MP and Chhattisgarh, UP and Uttaranchal.